COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION X Showon Report Usua A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, nowon-kence I on or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: □ No If YES, enter delivery address below:

Sharon Renee Lloyd P.O. Box 9479 Chicago, IL 60609

Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)

(Transfer from service label) PS Form 3811, February 2004

2. Article Number

7014 2120 0004 3065 4391

3. Service Type Certified Mail

Registered

☐ Return Receipt for Merchandise

Express Mail

☐ Yes

Case: 1:19-cv-00874 Document #: 2 Filed: D3/27/19 Page 2 of 2 PageID
UNITED STATES POSTAL SERVICE:

First-Class Mail Postage & Fees Paid USPS

22 MAR 19

• Sender: Please print your name, address, and ZIP+4 in this box •

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Thomas G. Bruton, Clerk of Court
Everett McKinley Dirksen United States Courthouse
219 South Dearborn Street
Chicago. IL 60604